

## 115 An Experimental Study to Assess the Professional and Social Consequences of Mild-to-Moderate Tardive Dyskinesia

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**ABSTRACT:** Study Objective: To Evaluate the impact of mild-to-moderate orofacial tardive dyskinesia (TD) symptoms on the people and social lives of people with TD.

**BACKGROUND:** TD, a movement disorder affecting the face and extremities, may arise in patients taking antipsychotics. The impact of stigma on the professional and social lives of people with moderate-to-severe TD was previously examined, but has not been investigated in those with mild-to-moderate TD.

**METHODS:** This study is an experimental, randomized digital survey of a general population sample. Three component surveys corresponding to employment, dating, and friendship domains were adopted from a prior study. For each domain, participants were randomized 1:1 into either a test group (who viewed a video of a scripted interview with an actor depicting mild-to-moderate TD movements) or a control group (who viewed the same actor but without TD movements) and asked about their impressions of the video subject. Actor simulations of the TD symptoms were validated by physicians familiar with TD and rehearsed to simulate orofacial movements with a total Abnormal Involuntary Movement Scale (AIMS) score of 3–6. Statistical comparison was made using Wilcoxon signed-rank or chi-squared tests for continuous and categorical variables.

**RESULTS:** A total of 800 respondents completed each survey. In all domains, respondents had more negative perceptions of actors portraying mild-to-moderate TD movements than of the same actors without movements. For employment, 41% fewer respondents in the test group versus the control group agreed that the actor would be suitable for client-facing jobs ( $P < 0.001$ ). For dating, the proportions of respondents who agreed that they would like to continue talking to the actor and who

would be interested in meeting them for a coffee/drink were 23.2% and 26.0% lower, respectively, in the test group than in the control group ( $P < 0.001$ ). For friendship, the proportions of respondents who rated the actor as interesting and who would be interested in friendship with them were 13.0% and 12.2% lower in the test group than in the control group ( $P < 0.001$ ).

**CONCLUSIONS:** This study addresses the stigma faced by those with mild-to-moderate TD in professional and social situations. Consistent with previous results for moderate-to-severe TD, actors simulating mild-to-moderate orofacial TD movements were perceived to be less likely to move forward in a job interview, be considered as a potential romantic partner, or be a new friend. Funding Acknowledgements: This study was funded by Teva Pharmaceuticals, Petach Tikva, Israel.

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**ABSTRACT:** Study Objective: Evaluate the impact of orofacial tardive dyskinesia (TD) symptoms on the professional and social lives of patients with TD.

**BACKGROUND:** TD, a movement disorder affecting the face and extremities, may arise in patients taking antipsychotics. The impact of social stigma on the professional and social lives of patients with orofacial manifestations of TD has not been thoroughly examined.

**METHODS:** This study is an experimental, randomized digital survey of a general population sample. Three component surveys were developed, corresponding to employment, dating, and friendship domains. For each domain, participants were randomized 1:1 into either a test group (who viewed a video of a scripted interview with a standardized patient actor depicting TD movements) or a control group (who viewed the same actors but without TD movements), and asked about their impressions of the video subject. Actor simulations were

validated by physicians familiar with TD and rehearsed to simulate a total Abnormal Involuntary Movement Scale score between 6 and 10. Statistical comparison was made using Wilcoxon sign-rank or chi-squared tests for continuous and categorical variables, respectively.

**RESULTS:** A total of 800 respondents completed each survey. In all domains, respondents had more-negative perceptions of actors portraying TD movements than of the same actors without movements. Regarding employment, 34.8% fewer respondents in the test group versus the control group agreed that the actor would be suitable for client-facing jobs ( $P < 0.001$ ). Regarding dating, the proportions of respondents who agreed that they would like to continue talking to the actor and who would be interested in meeting them for coffee/drink were 25.0% and 27.2% lower, respectively, in the test group than in the control group ( $P < 0.001$ ). Regarding friendship, the proportions of respondents who rated the actor as interesting and who would be interested in friendship with them were 18.8% and 16.5% lower, respectively, in the test group than in the control group ( $P < 0.001$ ).

**CONCLUSIONS:** Actors simulating orofacial TD movements were perceived to be statistically significantly less likely to move forward in a job interview, be considered as a potential romantic partner, or be a new friend. This is the first study to quantify the stigma faced by people with TD in a variety of professional and social situations. Funding Acknowledgements: This study was funded by Teva Pharmaceuticals, Petach Tikva, Israel.

## 117 Impact of Antipsychotic Treatment Switching in Patients with Schizophrenia, Bipolar Disorder, and Major Depressive Disorder

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**ABSTRACT:** Study Objective: To evaluate the risk of relapse for patients with schizophrenia (SZ), bipolar disorder (BP), and major depressive disorder (MDD) who switched antipsychotics compared with those who did not switch.

**BACKGROUND:** Antipsychotics are commonly used for maintenance treatment of SZ, BP, and MDD but can have significant side effects, such as extrapyramidal symptoms (EPS). Adherence to treatment is important for reducing the risk of relapse, but fear of side effects may prompt medication switching.

**METHODS:** Medicaid claims from 6 US states spanning 6 years were retrospectively analyzed for antipsychotic switching versus non-switching. For all patients with SZ, BD or MDD and for the subset of patients who also had  $\geq 1$  EPS diagnosis during the baseline period, times to the following outcomes, during a 2-year study period were analyzed: underlying disease relapse, psychiatric relapse, all-cause emergency room (ER) visit, all-cause inpatient (IP) admission and EPS diagnosis.

**RESULTS:** Switchers ( $N=10,548$ ) had a shorter time to disease relapse, other psychiatric relapse, IP admissions, ER visits, and EPS diagnosis (all, log-rank  $P < 0.001$ ) than non-switchers ( $N=31,644$ ). Switchers reached the median for IP admission (21.50 months) vs non-switchers (not reached) and for ER visits (switchers, 9.07 months; non-switchers, 13.35 months). For disease relapse, other psychiatric relapse, and EPS diagnosis,  $< 50\%$  of patients had an event during the 2-year study period. Comparisons in a subgroup of patients with  $\geq 1$  EPS diagnosis revealed similar outcomes.

**CONCLUSIONS:** These results show that disease and other psychiatric relapse, all-cause ER visits, IP admissions, and EPS diagnosis occurred earlier for switchers than for non-switchers, suggesting that switching is associated with an increased risk of relapse in patients with SZ, BP and MDD.

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## 118 Use of Patient Health Questionnaire to Predict Relapses in Patients with Treatment-resistant Depression Treated With Esketamine + Oral Antidepressant

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